M2000000388

(Ře	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #}
	WAIT MAIL
(Bu	usiness Entity Name)
(Dc	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
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DATE: 1/9/20

.

NAME: DIVVY HOMES WAREHOUSE A LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

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TO: Registration Section Division of Corporations

Divvy Homes Warehouse A, LLC

SUBJECT: ____

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Name of Person					
Agile Legal						
·	Firm/Company		-			
651 N. Broad Street, Suite 308						
	Address		-			
Middletown, DE 19709	Middletown, DE 19709					
	City/State and Zip Code		_			
corporate@agilelegal.com						
	(to be used for future annua	report notification)	-			
E-mail address:		Freport notification)	1 2020			
		l report notification)	7F 0202			
E-mail address:	se call: 302	1 report notification) 376-6710 ext. 2122	2020 JAN - 9			
E-mail address: er information concerning this matter, pleas	se call:	376-6710 ext. 2122				
E-mail address: er information concerning this matter, pleas Jennifer Earney Name of Contact Person MAILING ADDRESS:	se call: 	376-6710 ext. 2122 				
E-mail address: er information concerning this matter, pleas Jennifer Earney Name of Contact Person <u>MAILING ADDRESS:</u> Division of Corporations	se call: 	376-6710 ext. 2122 	P:1 1: 1			
E-mail address: er information concerning this matter, pleas Jennifer Earney Name of Contact Person <u>MAILING ADDRESS:</u> Division of Corporations Registration Section	se call: 	376-6710 ext. 2122 	P:1 1: 1			
E-mail address: er information concerning this matter, pleas Jennifer Earney Name of Contact Person <u>MAILING ADDRESS:</u> Division of Corporations Registration Section P.O. Box 6327	se call: 	376-6710 ext. 2122 Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building	P:1 1: 1			
E-mail address: er information concerning this matter, pleas Jennifer Earney Name of Contact Person <u>MAILING ADDRESS:</u> Division of Corporations Registration Section	se call: 	376-6710 ext. 2122 	PH I:			
E-mail address: er information concerning this matter, pleas Jennifer Earney Name of Contact Person <u>MAILING ADDRESS:</u> Division of Corporations Registration Section P.O. Box 6327	se call: at (Area Code	376-6710 ext. 2122 Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	2023 JAN -9 PN 1:15			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limito	d Liability Company," "L.L.C.," or "LLC.")		
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	ida. The alternate name must include "Limited Liability Company,"	""L.L.C," or "LLC."	
Delaware		3.		
(Jurisdiction under the law of which foreign limited liability company is organized)				
N/A				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	rgistration.) ne penalty liability)		
300 Montgomery Street, Suite 1200 (Street Address of Principal Office)		300 Montgomery Street, Suite 1200 6(Mailing Address)		
			~2	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	2020 .	
Name:	Universal Registered Agents, Inc.		0	
Office Address:	3458 Lakeshore Drive			
	Tallahassee	32312 , Florida	5	
	(Ciry)	(Zip code)		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Julie Lamer, Asst. Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	<u>Title or Capacity:</u>	Name and Address:	
Manager	Name: Brian Ma	Manager	Name:	
Member	Address: 300 Montgomery St., Ste 1200	Member	Address:	
Authorized	San Francisco, CA 94104	Authorized	San Francisco, CA 94104	
Person		Person		
Other	Other	Other	Other	
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized	<u></u> -	
Person		Person		
Other	Other	Other	Other_ <u>U</u>	
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other	Other	

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Adena Hefeta

Signature of an authorized person

Adena Hefets

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIVVY HOMES WAREHOUSE A, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIVVY HOMES WAREHOUSE A, LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2020 JAH - 9 P ..

Page 1



of State

Authentication: 203929240 Date: 11-04-19

7508837 8300

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SR# 20197894569 You may verify this certificate online at corp.delaware.gov/authver.shtml